

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90074 032 \*\*\*\*61.25

**DOCUMENT # N93000000444**

1. Entity Name  
**T & M RANCH COMMUNITY, INC.**



Principal Place of Business  
**4605 COMMUNITY DRIVE  
WEST PALM BEACH, FL 33417**

Mailing Address  
**4605 COMMUNITY DRIVE  
WEST PALM BEACH, FL 33417**

34011000



08262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0378070**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAMPERT, MICHAEL A ESQ  
1655 PALM BEACH LAKES BLVD.  
SUITE 900  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
FRIEDKIN, RICHARD  
10221 HERONWOOD LANE  
WEST PALM BEACH, FL 33412**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
LEVY, HOWARD S  
440 COLUMBIA DR., #500  
WEST PALM BEACH, FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
LAMPERT, MICHAEL A ESQ.  
1655 PALM BEACH LAKES BLVD., SUITE 900  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Friedkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RICHARD FRIEDKIN 8/27/04 561-684-1991**